

**FUNERAL SERVICE INTERN HOURS
ATTESTATION FORM-1st Report**

Board of Funeral Directors and Embalmers
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233

To be completed by (intern):

Name: _____

Address: _____

City: _____ Zip: _____

Email: _____
Telephone: _____

Name of Funeral Service Establishment Employed:

Name of
Supervisor: _____

Start Date: _____ End Date: _____ **Total of #hours worked _____

Within internship as of this date:

****The Board of Funeral Directors and Embalmers reserves the right to
request verification of hours worked.**

I attest to the accuracy of the hours reported.

Funeral Service Intern: _____ Date: _____

Supervisor of Funeral Service Intern: _____ Date: _____

**FUNERAL SERVICE INTERN HOURS
ATTESTATION FORM-2nd Report**

Board of Funeral Directors and Embalmers

Perimeter Center

9960 Mayland Drive, Suite 300

Richmond, Virginia 23233

To be completed by (intern):

Name: _____

Address: _____

City: _____ Zip: _____

Email: _____ Telephone: _____

Name of Funeral Service Establishment Employed:

Name of Supervisor: _____

Start Date: _____ End Date: _____ **Total of #hours worked _____

Within internship as of this date:

****The Board of Funeral Directors and Embalmers reserves the right to request verification of hours worked.**

I attest to the accuracy of the hours reported.

Funeral Service Intern: _____ Date: _____

Supervisor of Funeral Service Intern: _____ Date: _____

**FUNERAL SERVICE INTERN HOURS
ATTESTATION FORM-3rd Report**

Board of Funeral Directors and Embalmers
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233

To be completed by (intern):

Name: _____

Address: _____

City: _____ Zip _____

Email: _____
Telephone _____

Name of Funeral Service Establishment Employed:

Name of
Supervisor: _____

Start Date: _____ End Date: _____ **Total of #hours worked _____

Within internship as of this date:

****The Board of Funeral Directors and Embalmers reserves the right to request verification of hours worked.**

I attest to the accuracy of the hours reported.

Funeral Service Intern: _____ Date: _____

Supervisor of Funeral Service Intern: _____ Date: _____